Corporation Skilled No Yes 106

3	Ownershi p:
: 366	Hi ghest Level Li cense:
No	Operate in Conjunction with CBRF?
111	Title 18 (Medicare) Certified?
111	Average Daily Census:
108	· ·
	111 111

***********	****	*********	*****	*******	******	*********	******
Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%			
Home Health Care Supp. Home Care-Personal Care Supp. Home Care-Household Services Day Services Respite Care Adult Day Care Adult Day Health Care Congregate Meals Home Delivered Meals Other Meals	No No No No Yes No No No No	Primary Diagnosis  Developmental Disabilities Mental Illness (Org./Psy) Mental Illness (Other) Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic Cancer Fractures Cardiovascular	1. 9 75. 9 1. 9 0. 0 1. 9 0. 0 2. 8 5. 6	Age Groups Under 65 65 - 74 75 - 84 85 - 94 95 & Over	2. 8 8. 3 25. 9 57. 4 5. 6 100. 0 97. 2	Less Than 1 Year 1 - 4 Years More Than 4 Years  ***************************  Full-Time Equivaler Nursing Staff per 100 Re (12/31/00)	esi dents
Transportation Referral Service	No No	Cerebrovascul ar Di abetes	3. 7	Con	%	RNs LPNs	11. 4 4. 6
Other Services	No No	Respi ratory	0. 9 2. 8	Sex 		Nursing Assistants	
Provide Day Programming for Mentally Ill Provide Day Programming for Developmentally Disabled	No No	Other Medical Conditions	2. 8 100. 0	Male Female	38. 9 61. 1  100. 0	Aides & Orderlies	37. 3
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## Method of Reimbursement

		Medi (Ti tl			Medic (Title			0th	er	P	ri vate	Pay		Manage	ed Care		Percent
			Per Die	m		Per Die	m		Per Die	m		Per Dien	1	_	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	12	100.0	\$178.00	67	88. 2	\$99. 15	0	0.0	\$0.00	18	100.0	\$139.00	2	100.0	\$125.00	99	91. 7%
Intermedi ate				9	11.8	\$82. 23	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	9	8. 3%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	nt 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	12	100.0		76	100. 0		0	0.0		18	100.0		2	100.0		108	100.0%

Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti or	ıs, Servi ces	s, and Activities as o	of 12/31/00
Deaths During Reporting Period							Total
Percent Admissions from:		Activities of	0/.		leeding stance of	% Totally	Total Number of
Private Home/No Home Health	<b>5</b> 1		Indonandant		Two Staff	Dependent	Resi dents
	5. 1	Daily Living (ADL)	Independent	one or			
Private Home/With Home Health	0.5	Bathi ng	6. 5		51. 9	41. 7	108
Other Nursing Homes	13. 1	Dressing	7. 4		54. 6	38. 0	108
Acute Care Hospitals	77. 3	Transferring	33. 3		53. 7	13. 0	108
Psych. HospMR/DD Facilities	1. 5	Toilet Use	19. 4		49. 1	31. 5	108
Rehabilitation Hospitals	0. 0	Eati ng	42. 6		38. 9	18. 5	108
Other Locations	2. 5	***************	******	*****	********	*******	*******
Total Number of Admissions	198	Continence		% 5	Special Trea	atments	%
Percent Discharges To:		Indwelling Or Externa	al Catheter	9. 3	Recei vi ng	Respiratory Care	3. 7
Private Home/No Home Health	19. 3	Occ/Freq. Incontinent		65. 7	Recei vi ng	Tracheostomy Care	0. 0
Private Home/With Home Health	9.4	Occ/Freq. Incontinent	of Bowel	48. 1	Recei vi ng	Suctioning "	0. 0
Other Nursing Homes	3. 1	•			Recei vi ng	Ostomy Care	0. 0
Acute Care Hospitals	45.3	Mobility			Recei vi ng	Tube Feeding	0. 0
Psych. HospMR/DD Facilities	1.0	Physically Restrained	i	14. 8		Mechanically Altered	Di ets 47.2
Reĥabilitation Hospitals	0. 0	"			8	3	
Other Locations	3.6	Skin Care		(	ther Reside	ent Characteristics	
Deaths	18. 2	With Pressure Sores		8. 3	Have Adva	nce Directives	99. 1
Total Number of Discharges		With Rashes			Medications		
(Including Deaths)	192	 		****		Psychoactive Drugs	48. 1
******	****	**********		~~~~~~	****	· · · · · · · · · · · · · · · · · · ·	******

	Ownershi p:		Bed Size:		Li censure:				
	Thi s	s Proprietary		100- 199		Skilled		Al l	
	Facility	Peer Group		Peer Group		Peer Group		Faci l	ities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	95. 5	83. 7	1. 14	86. 4	1. 11	87. 0	1. 10	84. 5	1. 13
Current Residents from In-County	90. 7	75. 1	1. 21	79. 8	1. 14	69. 3	1. 31	77. 5	1. 17
Admissions from In-County, Still Residing	19. 7	18. 7	1. 05	23. 8	0.83	22. 3	0. 88	21. 5	0. 92
Admi ssi ons/Average Daily Census	186. 8	152. 8	1. 22	109. 7	1. 70	104. 1	1. 79	124. 3	1. 50
Discharges/Average Daily Census	181. 1	154. 5	1. 17	112. 2	1.61	105. 4	1. 72	126. 1	1.44
Discharges To Private Residence/Average Daily Census	51. 9	59. 1	0.88	40. 9	1. 27	37. 2	1.40	49. 9	1.04
Residents Receiving Skilled Care	91. 7	90. 6	1. 01	90. 3	1.01	87. 6	1.05	83. 3	1. 10
Residents Aged 65 and Older	97. 2	95. 0	1. 02	93. 9	1.04	93. 4	1.04	87. 7	1. 11
Title 19 (Medicaid) Funded Residents	70. 4	65. 4	1. 08	68. 7	1.02	70. 7	1.00	69. 0	1.02
Private Pay Funded Residents	16. 7	23. 2	0. 72	23. 2	0. 72	22. 1	0. 75	22. 6	0.74
Developmentally Disabled Residents	1. 9	0.8	2. 37	0.8	2. 39	0. 7	2. 60	7. 6	0. 24
Mentally Ill Residents	77. 8	31.4	2.48	37. 6	2.07	37. 4	2. 08	33. 3	2. 33
General Medical Service Residents	2. 8	23. 2	0. 12	22. 2	0. 13	21. 1	0. 13	18. 4	0. 15
Impaired ADL (Mean)	53. 5	48. 9	1.09	49. 5	1. 08	47. 0	1. 14	49. 4	1.08
Psychological Problems	48. 1	44. 1	1. 09	47. 0	1.03	49. 6	0. 97	50. 1	0. 96
Nursing Care Required (Mean)	9. 1	6. 5	1. 40	7. 2	1. 27	7. 0	1. 30	7. 2	1. 28